

ISSUE SLIP STAPLE AREA (for additional cross references)

09/876567

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| PER DETERMINATION | HL | | 6-12-01 |
| Q.I.P.E. CLASSIFIER | HL | | 6-22-01 |
| FORMALITY REVIEW | A.T. | 1071 | 08/11/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ _____ Rejected
 ✗ _____ Allowed
 - (Through current) _____ Canceled
 + _____ Restricted
 M _____ Not-Examined
 I _____ Incomplete
 A _____ Appeal
 O _____ Objected

NEAREST AVAILABLE COPY

| Claim | Date | Claim | Date | Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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206/10/1